

## Williamson County Government (8404) and Williamson County Board of Education (8405)

<b>Calendar Year Maximum</b>	<b>\$1,000</b>
<b>Lifetime Orthodontics Maximum</b>	<b>\$1,000</b>
<b>Annual Deductible</b> Applies to Basic and Major Only	<b>Per Person \$50</b> <b>Family \$100</b>
<b>Diagnostic and Preventive Services</b> - Charges for Diagnostic & Preventive services do not apply to the annual Maximum <ul style="list-style-type: none"> <li>• Oral examinations (2 exams in a calendar year)</li> <li>• Prophylaxis (cleanings)</li> <li>• X-rays</li> <li>• Fluoride treatment (through age 14)</li> <li>• Space maintainers</li> </ul>	<b>100%</b>
<b>Basic Services</b> <ul style="list-style-type: none"> <li>• Restorative (fillings)</li> <li>• General anesthesia</li> <li>• Simple Extractions</li> <li>• Oral Surgery (surgical extractions)</li> <li>• Periodontics (treatment of gums and bones supporting teeth)</li> <li>• Endodontics (root canal therapy)</li> </ul>	<b>80%</b>
<b>Major Services</b> <ul style="list-style-type: none"> <li>• Crowns</li> <li>• Bridges</li> <li>• Partial dentures</li> <li>• Full Dentures</li> <li>• Implants</li> </ul>	<b>50%</b>
<b>Orthodontic Services</b> <ul style="list-style-type: none"> <li>• Straightening of teeth for all enrollees</li> </ul>	<b>50%</b>

*Age and frequency limitations apply. For a detailed description of your benefit plan, please review the Summary Plan Description available on the Williamson County Benefits Website [www.williamsoncounty-tn.gov/mybenefits](http://www.williamsoncounty-tn.gov/mybenefits)*

### **Introduction to Delta Dental**

This is a brief description of the Williamson County Delta Dental program. This program allows you to go to any dentist; however, it is to your advantage to select a participating Delta Dental dentist. The Williamson County Dental Plan includes both Delta Dental Premier and Delta Dental PPO Networks

### **Finding a Participating Delta Dental Dentist**

Nationwide, there are over 189,000 participating dental locations in Delta Dental Premier and over 111,000 participating dental locations in the Delta Dental PPO network. To verify participation status, visit Delta Dental's web site at [www.DeltaDentalTn.com](http://www.DeltaDentalTn.com) (choose Delta Dental Premier or Delta Dental PPO), call our Customer Service Department at 615-255-3175 inside the Nashville calling area or 1-800-223-3104 outside of Nashville, ask your group administrator, or simply ask your dentist if he/she is a participating Delta Dental dentist.

### **Cards**

Participants will not receive an ID card for enrollment verification. Delta Dental Providers are accustomed to this procedure and may require you to provide information such as social security number at time of visit. You may print a temporary card from the Delta Dental website <https://www.consumertoolkit.com/Consumer/> for your convenience.

DDTN SS 13 H-Passive PPO-Ortho (Rev 1/09)

### **When do Benefits Start?**

As a new hire, your coverage will be effective with Delta Dental 30 days after your hire date. Benefits are available immediately for any services you receive as of the effective date of the plan. If you do not enroll when first eligible, your next opportunity for enrollment will be at time of a Life Changing Event or the annual open enrollment period.

**Delta Dental of Tennessee**  
**240 Venture Circle**  
**Nashville, TN 37228**  
**1-800-223-3104**  
**(615) 255-3175**  
**[www.DeltaDentalTn.com](http://www.DeltaDentalTn.com)**

*This form is not a contract of insurance. Terms and conditions are set forth in the Master Group Policy issued directly to your group administrator.*

### **Choosing Your Dentist**

You may choose any licensed dentist. However, it is to your advantage to choose a participating Delta Dental dentist. Here's why:

- Claim forms will be completed and submitted at no charge. Non-participating dentists may require you to complete forms yourself or to pay a service charge.
- Payment will be based on Delta Dental's Maximum Plan Allowance fee. You only have to pay your co-insurance; you are not responsible for charges exceeding the Maximum Plan fee.
- Because Delta Dental reimburses its dentists directly, they agree to charge you no more than your co-insurance and/or deductible; you don't have to pay the whole bill and wait for reimbursement.
- If a non-participating dentist's fees exceed the industry average Maximum Plan Allowance, you must pay the difference plus your co-insurance. You may also have to pay the entire bill in advance.

### **The Advantage of Pre-determination**

If you're thinking about having dental work done that will cost you more than \$300, ask your dentist to request a pre-determination before starting treatment. This will let you know approximately how much the work will cost and what your share of the costs will be. Pre-determination is not a guarantee of benefits.

### **Optional Services**

Services that a subscriber or covered dependent decide to have provided which are more expensive than those that Delta Dental of Tennessee pays for are called Optional Services. In these cases, Delta Dental of Tennessee's payment will be limited to what would normally be paid and the subscriber will be responsible for the remainder of the dentist's fee.

For example, if your benefit plan allows for amalgams only even though a metal or porcelain inlay is suggested by your Dentist, Delta Dental of Tennessee will pay for only the cost of the amalgam.

### **What is not Covered?**

- Cosmetic surgery or procedures for purely cosmetic reasons; services for congenital or developmental malformations; treatment to restore tooth structure lost from wear; treatment to rebuild or maintain chewing surfaces due to teeth out of alignment or occlusion; treatment to stabilize teeth (equilibration, periodontal splinting or double abutting on bridges).
- Services for any disturbance of the temporomandibular joints (jaw joints) or myofascial pain dysfunction.
- Services rendered by a dentist beyond the scope of his license; services performed by any person other than a dentist or auxiliary personnel legally authorized to perform services under the supervision of a dentist.
- Charges by any hospital or other surgical or treatment facility and any additional fees charged by the dentist for treatment in any such facility.
- Oral hygiene instruction, dietary instructions, prescribed drugs or other medication, experimental procedures, or conscious sedation.
- General anesthesia is only a benefit when administered by a properly licensed dentist in connection with covered surgery services.
- Dental services for which the eligible person incurs no charge; dental services to the extent that charges for such services exceed what would have been made and actually collected if no coverage existed hereunder.
- Temporary partial dentures are a benefit only when anterior teeth are missing.
- Porcelain, gold or veneer crowns are not covered benefits for children under 12; nor fixed bridges or cast partials for children under 16.
- Services for injuries or conditions which are compensable under Worker's Compensation or Employer's Liability Laws; services which are provided to the eligible person by any Federal, State or local agency, unless this exclusion is prohibited by law.